

HUSBAND

Born \_\_\_\_\_ Place \_\_\_\_\_

Chr. \_\_\_\_\_ Place \_\_\_\_\_

Marr. \_\_\_\_\_ Place \_\_\_\_\_

Died \_\_\_\_\_ Place \_\_\_\_\_

Bur. \_\_\_\_\_ Place \_\_\_\_\_

HUSBAND'S FATHER \_\_\_\_\_

HUSBAND'S OTHER WIVES \_\_\_\_\_

(post office Custodian)

HUSBAND'S MOTHER \_\_\_\_\_

Husband \_\_\_\_\_

Wife \_\_\_\_\_

Ward Examiners: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Stake or Mission \_\_\_\_\_

NAME & ADDRESS OF PERSON SUBMITTING SHEET

RELATION OF ABOVE TO HUSBAND \_\_\_\_\_ RELATION OF ABOVE TO WIFE \_\_\_\_\_

FOUR GENERATION SHEETS FOR FILING ONLY  
YES ☐ NO ☐

DATE SUBMITTED TO GENEALOGICAL SOCIETY \_\_\_\_\_

WIFE

Born \_\_\_\_\_ Place \_\_\_\_\_

Chr. \_\_\_\_\_ Place \_\_\_\_\_

Died \_\_\_\_\_ Place \_\_\_\_\_

Bur. \_\_\_\_\_ Place \_\_\_\_\_

WIFE'S FATHER \_\_\_\_\_

WIFE'S OTHER HUSBANDS \_\_\_\_\_

WIFE'S MOTHER \_\_\_\_\_

SEX M F	CHILDREN List each child (whether living or dead) in order of birth Given Names SURNAME	WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE TO WHOM	DAY WHEN DIED MONTH YEAR
		DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									

SOURCES OF INFORMATION

OTHER MARRIAGES

NECESSARY EXPLANATIONS